

ACORD™ CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
07/09/2010**PRODUCER**My Insurance Company
123 Atlantic Boulevard
Baldwin, New Jersey 29616-2134**INSURED**My Truck, Inc
2435 Airport Road
Buford, Georgia 30519**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.****INSURERS AFFORDING COVERAGE****NAIC #**INSURER A: **Carolina Casualty Insurance Co****10510**INSURER B: **Phoenix Insurance Company****25623**

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L TR	TYPE OF INSURANCE	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY	948P 07/15/2010	07/15/2011	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
		CLAIMS MADE: <input checked="" type="checkbox"/> OCCUR			MED EXP (Any one person) \$ 5,000
		GEN'L AGGREGATE LIMIT APPLIES PER:			PERSONAL & ADV INJURY \$ 1,000,000
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ included
A		AUTOMOBILE LIABILITY	CST489948P 07/15/2010	07/15/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		<input type="checkbox"/> ANY AUTO			BODILY INJURY (Per person) \$
		<input checked="" type="checkbox"/> SCHEDULED AUTOS			BODILY INJURY (Per accident) \$
		<input checked="" type="checkbox"/> HIRED AUTOS			PROPERTY DAMAGE (Per accident) \$
		<input checked="" type="checkbox"/> NON-OWNED AUTOS			AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: EA ACC \$
					AGG \$
		GARAGE LIABILITY			EACH OCCURRENCE \$
		<input type="checkbox"/> ANY AUTO			AGGREGATE \$
		EXCESS/UMBRELLA LIABILITY			\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE			\$
		DEDUCTIBLE			\$
		RETENTION \$			\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			ATU- LIMS \$
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			OTH- ER \$
		If yes, describe under SPECIAL PROVISIONS BELOW			E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$

THIS IS A SAMPLE**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS****CERTIFICATE HOLDER**Georgia Department of Transportation
Oversize Permit Unit
Attn: Insurance Renewal Section
935 East Confederate Avenue
Building 24, Suite 400
Atlanta, GA 30316**CANCELLATION**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Fernando Juarez/DEDED